Items #'s 8 & 9 See Film G135 8/22/51 JT

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08288

# CERTIFICATE OF DEATH

Reg. Dist. No. 284

1. PLACE OF DEATH: COUNTY ST. MARY'S MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MECHANICSVILLE
LENGTH OF STAY (in this place) 6 MONTHS
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY ST. MARY'S
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MECHANICSVILLE
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) CARRIE (Middle) CULLEY (Last) BOSWELL
4. DATE OF DEATH (Month) AUGUST (Day) 20 (Year) 1951

5. SEX FEMALE
6. COLOR OR RACE NEGRO-US.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED
8. DATE OF BIRTH MARCH 17/1872
9. AGE last birthday 60 69 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY HOME
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME JOHN CULLEY
14. MOTHER'S MAIDEN NAME UNKNOWN.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service) —
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS ALFRED BOSWELL: MECHANICSVILLE, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CEREBRAL HEMORRHAGE, LEFT — 8 days.

Antecedent cause(s)

443X Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) HYPERTENSIVE CARDIO-VASCULAR DISEASE WITH ARTERIO-SCLEROSIS — 5 YEARS.

93d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — — — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from MARCH, 1951, to AUGUST, 1951, that I last saw the deceased alive on 8/18, 1951, and that death occurred at 10.00 m., from the causes and on the date stated above.

SIGNATURE John H. Griffin, M.D. (Degree or title) ADDRESS Hughesville, Md. DATE SIGNED 8/20/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 8/23/51
NAME OF CEMETERY OR CREMATORY ARBUTUS MEMORIAL PARK
LOCATION (City, town, or county) Baltimore co. (State) Md

DATE REC'D BY LOCAL REG. 8-20-51
REGISTRAR'S SIGNATURE Eleanor S. Canter
24. FUNERAL DIRECTOR Joseph L. Russ - ADDRESS BALTIMORE, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A10

RECEIVED
AUG 21 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08287

# CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH: COUNTY St Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place) 9 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lexington Park
STREET ADDRESS (If rural give location) 52 Tanner ave

3. NAME OF DECEASED (Type or Print) (First) Infant (Middle) (Last) Brabant

4. DATE OF DEATH (Month) Aug (Day) 1 (Year) 1951

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single
8. DATE OF BIRTH Aug 1-1951
9. AGE last birthday yrs. If under 1 year Months Days If under 24 hrs. Hours 9 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Maryland St Mary's
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME F. W. Brabant
14. MOTHER'S MAIDEN NAME Gertrude McDonald

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT Mrs Gertrude McBrabant

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Premature birth (6½ months)

776X Antecedent cause(s) Cause unknown

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

159 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1, 1951, to Aug 1, 1951, that I last saw the deceased alive on Aug 1, 1951, and that death occurred at 3:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) P J Bran MD
ADDRESS Great Mills Md
DATE SIGNED Aug 2/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug 2-1951
NAME OF CEMETERY OR CREMATORY St Aloysius
LOCATION (City, town, or county) (State) Leonardtown St Mary's Md

DATE REC'D BY LOCAL REG. 8/2/51
REGISTRAR'S SIGNATURE Cornelius
24. FUNERAL DIRECTOR Joe C. Mattingley
ADDRESS Leonardtown

208 011 393260

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 6 1951
BUREAU V. S.

08289

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St. Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place) 4 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chaptico
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Carrie (Middle) — (Last) Burroughs

4. DATE OF DEATH (Month) Aug (Day) 9 (Year) 1951

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH 1882
9. AGE last birthday 69 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House keeper for self
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland St Mary's
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Aquila Burroughs
14. MOTHER'S MAIDEN NAME Mary Fowler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Henery F. Burroughs

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|---|
| Immediate cause | (a) | Generalize metastatic C.A. | 2 months |
| 181X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | C.A. of Bladder | 12 months |
| 52b | (c) | — | — |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 15, 1950, to Aug 9, 1951, that I last saw the deceased alive on Aug 9, 1951, and that death occurred at 5:45 p.m., from the causes and on the date stated above.

SIGNATURE Wm D Boyd (Degree or title) MD ADDRESS Leonardtown DATE SIGNED 8/10/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug 11 1951
NAME OF CEMETERY OR CREMATORY St Joseph
LOCATION (City, town, or county) Morganza St Mary's (State) MD

DATE REC'D BY LOCAL REG. 8/10/51
REGISTRAR'S SIGNATURE Camalier
24. FUNERAL DIRECTOR Joe C. Mattingley ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 13 1951
BUREAU V. S.

08290

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 212

1. PLACE OF DEATH: COUNTY St. Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (In this place) 1 hr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mechanicsville
STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Earl (Last) Curry
4. DATE OF DEATH (Month) 8/ (Day) 31/ (Year) 1951

5. SEX Male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 2/ 10/ 1898
9. AGE last birthday 53 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) State Road
10b. KIND OF BUSINESS OR INDUSTRY State road Comm.
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME James I. Curry
14. MOTHER'S MAIDEN NAME Mary E. Wood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. -- ------
17. INFORMANT Alice M. Curry - Wife - Mechanicsville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Multiple extreme injuries — INTERVAL BETWEEN ONSET AND DEATH 1 hour

816.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

170C (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway (CITY OR TOWN) Hollywood (COUNTY) St. Marys (STATE) Md
TIME OF INJURY (Month) 8 (Day) 31 (Year) 51 (Hour) 8 A.m.
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? Tractor struck by auto

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [signature] (Degree or title) Dane M.D. ADDRESS Lexington Park, Md. DATE SIGNED 8/31/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9/3/51
NAME OF CEMETERY OR CREMATORY Mt. Zion Cemetery
LOCATION (City, town, or county) Laurel Grove, Md. (State)

DATE REC'D BY LOCAL REG. 9-1-51
REGISTRAR'S SIGNATURE Camalier
24. FUNERAL DIRECTOR P. B. Robinson - Leonardtown, Md. ADDRESS

VV246

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 7 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

08291

Reg. Dist. No. 2-81

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY: St. Marys; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lexington Park; LENGTH OF STAY (in this place): 5 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS: 41 Rennell Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: St. Marys; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lexington Park; STREET ADDRESS (If rural, give location): 41 Rennell Drive

3. NAME OF DECEASED (Type or Print): (First) Carl (Middle) Richard (Last) Fleury

4. DATE OF DEATH: (Month) 8/ (Day) 27 (Year) 1951

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 10/6/1911

9. AGE last birthday: 39 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electricion

10b. KIND OF BUSINESS OR INDUSTRY: Civil Service

11. BIRTHPLACE (State or foreign country): Wisconsin

12. CITIZEN OF WHAT COUNTRY? us

13. FATHER'S NAME: Myrl Fleury

14. MOTHER'S MAIDEN NAME: Lillie Wagner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Esther A. Fleury

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: 1 hour

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) INJURY — PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 27, 1951, to Aug 27, 1951, that I last saw the deceased alive on Aug 27, 1951, and that death occurred at 1:00 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) P.J. Beany M.D. ADDRESS Great Mills, Md. DATE SIGNED 8-28-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 8/28/51; NAME OF CEMETERY OR CREMATORY: Wildwood Cemetery; LOCATION (City, town, or county) (State): Sheboygan, Wisconsin

DATE REC'D BY LOCAL REG. 8-28-51; REGISTRAR'S SIGNATURE: P.J. Beany M.D.

24. FUNERAL DIRECTOR: P.B. Robinson - Leonardtown, Md. ADDRESS

515416

RECEIVED
AUG 20 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

292

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY St Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Holly Wood
LENGTH OF STAY (In this place) 11 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. #1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Hill
STREET ADDRESS (If rural, give location) Washington 20. D.C.

3. NAME OF DECEASED (Type or Print) (First) Walter (Middle) Howard (Last) Fluharty
4. DATE OF DEATH (Month) Aug (Day) 23 (Year) 1951

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Feb 8-1904
9. AGE last birthday 47 yrs. If under 1 year Months 6 Days 16 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Power Operator
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland Carroline
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Lacy Fluharty
14. MOTHER'S MAIDEN NAME Elizabeth McCarthy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 577-09-3859
17. INFORMANT Mrs Walter Howard Fluharty

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — [illegible]

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. none
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY none
(CITY OR TOWN) Clarks Landing (COUNTY) St Mary's (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) none m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? none

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [signature] (Degree or title) ADDRESS Lexington Park Md DATE SIGNED 8/23/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug 27 1951
NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery
LOCATION (City, town, or county) Suitland Prince George (State) Md
DATE REC'D BY LOCAL REG. 8-24-51
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Jos C. Mattingley ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08293

# CERTIFICATE OF DEATH

Reg. Dist. No. 3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY St Marys; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown; MARYLAND; LENGTH OF STAY (in this place) 1/2 hour; HOSPITAL OR INSTITUTION OR STREET ADDRESS St Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY St Marys; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Medleys Neck; STREET ADDRESS (If rural give location) R.F.D. # Leonardtown

3. NAME OF DECEASED (Type or Print): (First) William (Middle) George (Last) Greenwell

4. DATE OF DEATH: (Month) Aug (Day) 31 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Dec 14-1901

9. AGE last birthday: 49 yrs. If under 1 year: Months 8 Days 18 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman — Insulation

10b. KIND OF BUSINESS OR INDUSTRY: Weather stripping

11. BIRTHPLACE (State or foreign country): Maryland St Marys

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James L. Greenwell

14. MOTHER'S MAIDEN NAME: Maggie Combs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: James C. Greenwell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 8 hours

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis — 5 years

732 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 31 1951, to Aug 31, 1951, that I last saw the deceased alive on Aug 31, 1951, and that death occurred at 12 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. H. Patrick M.D. 323 Medway Drive Lexington Park 8-31-51

23. BURIAL, CREMATION, REMOVAL (Specify) DATE NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)

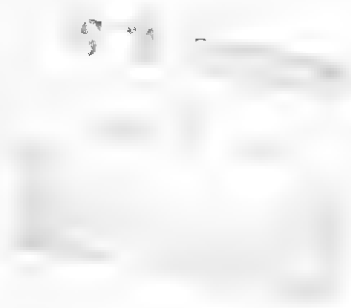
Burial Sept 3-1951 Our Lady's Medleys Neck St Marys Co Md

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE

Sept 1-1951 J. A. Camalier M.D.

24. FUNERAL DIRECTOR ADDRESS

Jos C. Mattingley Leonardtown Md



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place) 10 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN R F D F
STREET ADDRESS (If rural give location) Leonardtown

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Infant Hammett

4. DATE OF DEATH (Month) (Day) (Year) Aug 1 1951

5. SEX F

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single

8. DATE OF BIRTH July 31 1950

9. AGE last birthday — yrs. If under 1 year Months — Days — If under 24 hrs. Hours 10 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) infant

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Maryland St Marys

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME James R. Hammett

14. MOTHER'S MAIDEN NAME Sara Hayden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT James R. Hammett

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|---|
| Immediate cause | (a) | Asphyxiation | 20 min |
| 922.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | Mucous plug in bronchial tree | 6 hr |
| 195d | (c) | Prematurity of birth. | 10 hr |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/31, 1951, to 8/1, 1951, that I last saw the deceased alive on 7/31, 1951, and that death occurred at 5:00 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] Leonardtown 8/1/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Aug 1 1951

NAME OF CEMETERY OR CREMATORY St Aloysius

LOCATION (City, town, or county) Leonardtown (State) Md

DATE REC'D BY LOCAL REG. 8-1-51

REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR Joe C. Mattingley ADDRESS

9V7210 99V94L

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 3 1951
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08295

# CERTIFICATE OF DEATH

Reg. Dist. No. 286

**1. PLACE OF DEATH:**

County St Mary's

City or town Rural Clements
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 day 4 hours

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State Md County St Mary's

City or town Rural Clements
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

**3.(a) FULL NAME** Leonard Wilfred Hill

**3.(b) Social Security Number**

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| m | w | Single |

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-10-51

**8. AGE:** Years | Months | Days 1 | If less than one day 4 hrs. min.

9. Birthplace Clements
(Town, county, and state)

10. Usual occupation —

11. Industry or business

FATHER
12. Name Leonard Wilfred Hill
13. Birthplace Maddox

MOTHER
14. Maiden name Margaret Beatrice Hill
15. Birthplace Clements

16. Informant Leonard Wilfred Hill
Address Clements Md

17. Been it
(Burial, cremation, or removal. Which?) Date thereof 8 11 51
(month) (day) (year)

Cemetery or crematory Sacred Heart

Location Bushwood

18. Funeral director James Edward Hill
Address Clements Md

19. 8-11- 1951 R. V. Palmer
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 8-10- 1951 at 2 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8-10- 1951 to 8-11- 1951 and that I last saw him alive on 8-10- 1951

Immediate cause of death malformation of heart

Due to Incomplete formation

Due to 754.4

157e

Other conditions Premature birth

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Robert V. Palmer
M. D. or other

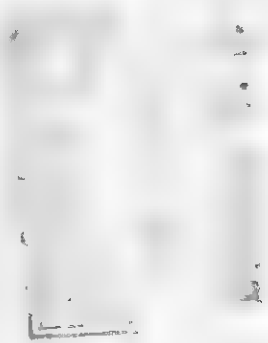
Address Greene Md Date signed 8-11-51

VS A15 9-45-15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

10 8 11 254-53



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 2 E

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A-6

1. PLACE OF DEATH: COUNTY: St. Marys; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Leonardtown; LENGTH OF STAY (in this place): 10 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS: St. Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: St. Marys; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mechanicsville; STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print): (First) Paul (Middle) Walter (Last) Lichtenberg

4. DATE OF DEATH: (Month) 8 (Day) 30 (Year) 19 51

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: ? / 1891

9. AGE last birthday: 60 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Self employed

10b. KIND OF BUSINESS OR INDUSTRY: Poultry Farm

11. BIRTHPLACE (State or foreign country): Wisconsin

12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: Frederick Lichtenberg

14. MOTHER'S MAIDEN NAME: Henrietta Wiehle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: ---------

17. INFORMANT AND ADDRESS: Herman Bosse - Mechanicsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cirrhosis of liver — Interval Between Onset and Death: 10 mos

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 581.0 124 b

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 18, 1950, to Sept, 1951, that I last saw the deceased alive on 8/30/51, 19--, and that death occurred at 8 55 A m., from the causes and on the date stated above.

SIGNATURE: Ray Gruber, MD (Degree or title) ADDRESS: Mechanicsville DATE SIGNED: 9/1/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 9/2/51 | NAME OF CEMETERY OR CREMATORY: St. Paul Luthern Cemetery | LOCATION (City, town, or county) (State): Charlotte Hall, Md.

DATE REC'D BY LOCAL REG. 9/1/51 | REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: P. B. Robinson - Leonardtown, Md. ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Loveville
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Loveville
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print) (First) Albert (Middle) Kingsley (Last) Love

4. DATE OF DEATH (Month) Aug (Day) 8 (Year) 1957

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Aug 9-1870
9. AGE last birthday 80 yrs. If under 1 year Months 11 Days 30 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lawyer
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Maryland St Marys Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Philip T. Love
14. MOTHER'S MAIDEN NAME Josephine Bond

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT Mrs Nora T. Love

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 3 days

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

83a (c) Generalized Arterio-sclerosis — ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/7, 1957, to 8/8, 1957, that I last saw the deceased alive on 8/8, 1957, and that death occurred at 4.00 p.m., from the causes and on the date stated above.

SIGNATURE Frank A. Camalier (Degree or title) MD ADDRESS Mineral Town Md DATE SIGNED 8/9/57

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug 11 1957
NAME OF CEMETERY OR CREMATORY St Joseph Cemetery
LOCATION (City, town, or county) Morganza (State) Md

DATE REC'D BY LOCAL REG. 8/9/57
REGISTRAR'S SIGNATURE Camalier
24. FUNERAL DIRECTOR Jos C. Mattingley ADDRESS

055874

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 13 19
BUR

08298

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St. Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place) One Minute
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Mary's Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Avenue
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Infant (Middle) (Last) Maddox
4. DATE OF DEATH (Month) (Day) (Year) August 11 1951

5. SEX M
6. COLOR OR RACE Cal
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 8/11/51
9. AGE last birthday - yrs. If under 1 year Months Days If under 24 hrs. Hours Min. 1

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Harold J Maddox
14. MOTHER'S MAIDEN NAME Mary E Earke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of [redacted])
16. SOCIAL SECURITY No.
17. INFORMANT Harold J Maddox

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Atelectasis

761.0 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Dystocia

160 c (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/11, 1951, to 8/11, 1951, that I last saw the deceased alive on 8/11, 1951, and that death occurred at 6:46 P.m., from the causes and on the date stated above.

SIGNATURE Frank A. Carnahan MD (Degree or title) ADDRESS Leonardtown, Md DATE SIGNED 8/12/51

23. BURIAL, CREMATION REMOVAL (Specify) DATE 8/12/51 NAME OF CEMETERY OR CREMATORY Sacred Heart LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 8/12/51 REGISTRAR'S SIGNATURE Carnahan
24. FUNERAL DIRECTOR Harold J. Maddox ADDRESS Avenue

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 14 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

8299

Reg. Dist. No. 2

1. PLACE OF DEATH: COUNTY ST. MARYS; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN USNAS, PAX RIV., MD.; LENGTH OF STAY (in this place) MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS INFIRMARY USNAS, PAX RIV, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE USNAS, PAX RIV, Md. COUNTY ST. MARY'S; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; STREET ADDRESS (If rural, give location)

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Thomas | Clinton | PROVOST | 8 - | 16 | 19 51 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | CAUC | Married | 5-8-12 | 39 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| U.S. NAVY | U.S. NAVY | New Jersey | USA |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| UNKNOWN | UNKNOWN |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
|---|---|---|
| Yes 6-15-39 to 10-30-45 12-16-46 to 8-16-51 below | Unknown | U.S. NAVY RECORDS |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Injuries, Multiple, extreme | Immediate |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | |
| | (c) | |

860.8
173

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☒ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| Accident | USNAS | USNAS, PAX RIV., MD. | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☒ | Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|---|
| 8-16-51 1630p.m. | | | Aircraft Accident |

22. I hereby certify that I attended the deceased from XXXX

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

08300

Reg. Dist. No. 227

1. PLACE OF DEATH: COUNTY ST. MARYS; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN USNAS, PAX RIV., MD.; STATE MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS INFIRMARY, USNAS, PAX RIV., MD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY ST. MARY'S; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LEXINGTON PARK, MARYLAND; STREET ADDRESS (If rural, give location) 405 Cabot Street

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) (Day) (Year) |
|---|---|---|---|
| JIMMIE | JOE | SELLARS | 8 - 16 1951 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min. |
|---|---|---|---|---|---|---|
| Male | CAUC | Married | 3-6-22 | 29 yrs. | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| U.S. NAVY | U.S. NAVY | Texas | USA |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Unknown | Unknown |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
|---|---|---|
| Yes | unknown | U.S. NAVY RECORDS |

18. MEDICAL CERTIFICATION

3-12-42 to 8-16-51

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause (a) | Injuries, multiple, extreme | Immediate |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) | | |
| (c) | | |

860.8
173

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☒ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| Accident | USNAS | USNAS, PAX RIV. | ST. MARY'S | MARYLAND |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☒ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| 8-16-51 1630 p.m. | | Aircraft Accident |

22. I hereby certify that I attended the deceased from [illegible] last saw the deceased [illegible], and that death occurred at 1630 p.m., from the causes and on the date stated above.

| SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|
| Thenton D. Boaz | | |
| Thenton D. BOAZ CAPTAIN MC USN | INFIRMARY USNAS PAX RIV., MD. | |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Transportation | 8/20/51 | Astoria | Oregon |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 8-27-51 | Frank A. Ramelin M.D. S.D. | F. B. Robinson | Leonardtown Md. |

673916

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 29 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

018301

Reg. Dist. No. 582

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH: COUNTY St. Marys; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Inigoes; LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home, St. Inigoes

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, St. Inigoes, Md.
STREET ADDRESS (If rural, give location) St. Inigoes, Md.

3. NAME OF DECEASED (Type or Print): (First) Infant (Middle) (Last) Sewell

4. DATE OF DEATH: (Month) (Day) (Year) 8-28-51. 19

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 8-26-51.

9. AGE last birthday: yrs. If under 1 year: Months; Days 2; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): U.S.A. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Leo Sewell

14. MOTHER'S MAIDEN NAME: Helen Somerville

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Leo Sewell, St. Inigoes, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Gastric Abnormality with Hemorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Premature infant

771.5
159

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-26, 1951, to 8-28, 19 51, that I last saw the deceased alive on 8-26, 1951, and that death occurred at 7:10 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Robert T. Thibadeau M.D. St. Inigoes, Maryland

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF Aug 28th | NAME OF CEMETERY OR CREMATORY St. Peters Claver | LOCATION (City, town, or county) Ridge - Md (State)

DATE REC'D BY LOCAL REG. 8-28-51 | REGISTRAR'S SIGNATURE B. A. Camalier | 24. FUNERAL DIRECTOR Jos. C. Mattingley ADDRESS Leonardtown Md

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RECEIVED
AUG 30 1951
BUREAU V. S.